Quality of treatment in routine care in a population sample of rectal cancer patients.

Abstract:
Variations in compliance with rectal cancer treatment guidelines and the effect of quality indicators on long-term outcomes were investigated with data from the Munich Cancer Registry. Patients diagnosed between 1996 and 1998 with an invasive primary rectal tumor which was resected were included in these analyses (n=884). Median follow up was 5.7 years. Relative and overall survival was examined. Adjusted survival was predicted by UICC stage, grade, age, local recurrence, and residual tumor status. UICC III patients receiving the recommended adjuvant therapy had a significant survival advantage in the multivariate model; UICC II patients did not. Even if there were no significant survival differences there were significant treatment and outcome (regarding local recurrence) variations between hospitals. The variations between hospitals refer to different quality indicators in the individual hospitals. The outcome (regarding survival) appears good in Munich and is comparable with other population studies. Fewer local recurrences, better reporting of the TME technique, greater use of combined therapy and fewer stomas, however, may improve the quality of care in Munich. Variations in care between hospitals should therefore be monitored and controlled. Detailed and frequent feedback to the clinicians is vital to improve quality of care and is possible with cancer registries.